E :II	in their information to information												
	in this information to identify your control Tonoa There												
	otor 2 ouse, if filing)					_							
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENN	SYLVANIA									
	se number 17-16962-elf	-				_	heck if this is:						
(,							suppleme	amended filing upplement showing postpetition chapter ncome as of the following date:				
0	fficial Form 106I						\overline{M}	M / DD/ Y	YYY	•			
S	chedule I: Your Inc	ome								1	2/15		
atta Par	t 1: Describe Employment												
1.	Fill in your employment information.			ı				Debtor 2 or non-filing spouse					
	If you have more than one job,	Employment status	■ Employed					☐ Employed					
	attach a separate page with information about additional		☐ Not employed					☐ Not employed					
	employers.	Occupation	Sanitation engineer										
	Include part-time, seasonal, or self-employed work.												
	Occupation may include student or homemaker, if it applies.	Employer's address	PA Stat Educat 2986 N. Harrisb										
		How long employed t	here?	25 years				_					
Par	t 2: Give Details About Mor	nthly Income											
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have n	othing to rep	ort for a	any li	ine, write	\$0 in the	space. Inc	ude your non-filing	j		
•	u or your non-filing spouse have mo e space, attach a separate sheet to	, ,	ombine the	information f	or all e	mplo	yers for	that perso	n on the lin	es below. If you no	ed		
							For Deb	otor 1	For Deb	tor 2 or ng spouse			
2.	List monthly gross wages, sala deductions). If not paid monthly,				2.	\$	2,	200.00	\$	N/A			
3.	Estimate and list monthly overt	ime pav.			3	+\$		0.00	+\$	N/A			

Official Form 106I Schedule I: Your Income page 1

Calculate gross Income. Add line 2 + line 3.

2,200.00

\$

N/A

Debt	or 1	I onoa Theresa Jacobs	_		Case r	number (<i>if ki</i>	now	n) –	17-10	6962-е	If	
					For	Debtor 1				Debtor		
	Can	vy line 4 hore	4.		\$	2.200			non-	-filing s	•	
	Cop	y line 4 here	4.		Φ	2,200	J.U	<u>U</u>	Φ		N/	<u>4</u>
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a	ì.	\$	240	0.7	0	\$		N/A	Α_
	5b.	Mandatory contributions for retirement plans	5b).	\$	(0.0	0	\$		N/	
	5c.	Voluntary contributions for retirement plans	50		\$		0.0		\$		N/	
	5d.	Required repayments of retirement fund loans	50		\$		0.0		\$_		N/A	
	5e.	Insurance	5e		\$	15	_	_	\$		N/A	
	5f. 5g.	Domestic support obligations Union dues	5f.		\$ _		0.0		\$ \$		N/A	
	5y. 5h.	Other deductions. Specify:	5g 5h	յ. Դ.+	· · · · · · ·		0.0 0.0		: —		N/A	
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 			_	\$			_
					· —	396			_		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	1,803	3.4	<u>6</u>	\$		N/	<u>4</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total										
	0.1	monthly net income.	8a		\$		0.0		\$		N/A	_
	8b. 8c.	Interest and dividends	8b).	\$		0.0	<u>0</u>	\$		N/	<u>4</u>
	oc.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce										
		settlement, and property settlement.	80		\$		0.0	_	\$_		N/A	
	8d. 8e.	Unemployment compensation Social Security	8d 8e		\$		0.0 0.0		\$_ \$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:			\$ \$		0.0		\$		N/A	_
	8g.	Pension or retirement income	8g	J.	\$	(0.0	0	\$		N/	4
	8h.	Other monthly income. Specify: ISS Part-time Employment	8h	า.+	\$	400	0.0	0 +	- \$		N/	4
		Sharon Boggsmonthly rent	_		\$	200	0.0	0	\$		N/	<u> </u>
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	600	0.0	0	\$		N	/A
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	2	2,403.46	+	\$		N/A	= \$	2,403.46
11.	othe Do r	te all other regular contributions to the expenses that you list in Schedule add contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe								e J. +\$ _	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certallies								. 12.	\$	2,403.46
											Comb	
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?								mont	nly income
					Hv er	Morles	١٥.			nation	that is	noid
	ш	Yes. Explain: Debtor was injured at work in November and is continuous through her employer's worker's compensation					5 (,UII	ipens	sauUII	uidt 18	paiu